

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CLUB FOR GROWTH ACTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gaby, Richard, , ,**

Mailing Address 445 Old Homestead Trail

City  
Duluth

State  
GA

Zip Code  
30097-8027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gaby Foundation

Occupation (for Individual)  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2021

**Transaction ID : SA11AI.7498**

Amount of Each Receipt this Period

750000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grusky, Robert, R., ,**

Mailing Address 571 Indian Harbor Road

City  
Vero Beach

State  
FL

Zip Code  
32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
hope capital managementllc

Occupation (for Individual)  
investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2021

**Transaction ID : SA11AI.7389**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harrison, Robert, C., ,**

Mailing Address P.O. Box 120

City  
East Stroudsburg

State  
PA

Zip Code  
18301-0120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not applicable

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 30 / 2021

**Transaction ID : SA11AI.7472**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750750.00